Manufacturer and Product Identification

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Full Name of Company:	Kapp Trailer S	ales & Servi	ice Inc	
All Company DBAs:				
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Company Principal Officer	Kapp	Dennis		President
	tast		First	Position
Company Address	111 Old Rt. 50,	The state of the s		
		Street, Suite No., P.O.	. Bex No.	
Beckemeyer	r IL			62219
Chy		State/Province	Country	Postal Code
Company Contact	618-227-8814	618-227-	-8815 dnrk	app@yahoo.com
nio	Telephone	Facsimile .		£-pará
Submitted by Company	www.kapptrail m Dennis J. Ka	15 Ste		12/23/2015
	Printed Name Lenui J D Signature	Rapp	Company Position	Date
Your Con	Printed Name Lennes) 0	Raypy 12t Regulated Equi	Company Position	paie eck all that apply)
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What Type of Vehicle Manufacturer or Alterer is Your	Company? (check all that apply)
Note: if you are a completed sell is le or incomplete selsicle manufacturer, you must als	o submit VIN deciphening info under 49 CFR Part 565
Completed Vehicle Manufacturer - a manufacturer of vehicles that require no further manufacturer	acturing operations to perform their intended function
Incomplete Vehicle Manufacturer - a manufacturer of incomplete vehicles, as defined above	
Intermediate Manufacturer - a manufacturer (other than the incomplete vehicle manufacturer operations on a vehicle manufactured in two or more stages	r or the final-stage manufacturer) who performs manufacturing
Final-Stage Manufacturer - a manufacturer who performs such manufacturing operations or	n an incomplete vehicle that it becomes a completed vehicle
Alterer - a person who alters by addition, substitution, or removal of components (other than first purchase of the vehicle other than for resale	
Instructions for Completing, Revising, and Sub	oritting Your Information
49 CFR Part 566 requires that a manufacturer of motor vehicles and regulated motor vehicle equipment items submit to NHTSA not later than 30 days after manufacturing begins, information about the company and the products it manufactures. This suggested form will assist a manufacturer to comply with Part 566. Please complete the form by typing or clearly printing. Each manufacturer who has submitted this information must keep its entry current accurate, and complete by submitting revised information not later than 30 days after the	Atail the completed form to: Attention: VRN Coordinator National Highway Traffic Safety Administration 1200 New Jersey Avenue, SE West Building, Room W45-207 Washington, DC 20590 Fax: 202-366-3081
relevant changes in its business occur.	